Wacker Silicones Corporation 3301 Sutton-Road

US EPA RECORDS CENTER REGION 5



Adrian, MI 49221-9397 (517) 264-8500 Fax (517) 264-8246 NOV 1 2 1991

U. S. EPA, REGION V SWB - PMS

November 5, 1991

Ms. Sharon Kiddon RCRA Notification Coordinator Waste Management Division US EPA Region V RCRA Activities P. O. Box A3587 Chicago, Illinois 60690

EPA ID # MID 075 400 671 Re:

Dear Ms. Kiddon:

We have received your acknowledgment of our name change request, attached.

However, the legal owner is not Gordon Philbrook. The legal owner is Wacker Chemical Corporation, which in turn is owned by Wacker Chemie GmbH of West Germany.

Yours truly,

WACKER SILICONES CORPORATION

Gordon C. Philbrook

Administrator,

Environmental Regulations

CC: S. Etter

R. Koehler





### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

WACKER SILICONES CORP ATTN GORDON PHILBROOK 3301 SUTTON RD ADRIAN, MI 49221 OCT 17 1991

RE:	EPA ID #:	MID07	5400671			
In	response to	your request	of	8-26-91	the	following
inf	ormation ha	s been updated	l <b>:</b>			
	•••	Installation		WACKER SILICONE	CORPORATION	
		tion mailing tion contact		O 3301 SUTTON RD GORDON PHILBROO	ıĸ	
		tion legal c		GORDON PHILBROO		
	Location	of installa	tion	3301 SUTTON RD		

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

Shan Riddon

cc: State Agency

File



### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

DEC 31 1991

WACKER SILICONES CORP ATTN: G. PHILBROOK 3301 SUTTON RD ADRIAN, MI 49221

RE: EPA ID #: MID 075 4	00 671	
In response to your request of	11 05 91	the following
information has been updated:		
Legal owner to	WACKER CHEMICAL CORP	

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

Sham Riddon

cc: State Agency

File

## Wacker Silicones Corporation



Wacker Silicones Corporation 3301 Sutton Road Adrian, MI 49221-9397 (517) 264-8500 Fax (517) 264-8246

August 26, 1991

AUG 2 8 1991

U. S. EPA, REGION V

SW3 - PMS

US EPA Region V RCRA Activities Waste Management Division P.O. Box A 3587 Chicago, Il 60690

RE: MID 075 400 671

Gentlemen:

On April 24, 1987 and May 14, 1987 we notified you by letters (attached) of our name change and ownership change.

However, during a recent visit from staff of the Michigan Department of Natural Resources, it was pointed out that we were still listed as Stauffer-Wacker Silicones Corporation in the U.S. EPA records.

It was suggested that the best way to record the change was to submit a Notification of Regulated Waste Activity, EPA form 8700-12(also attached).

If you have any questions, please call me at 517 - 264-8361.

Yours truly,

WACKER SILICONES CORPORATION

Gordon Philbrook Administrator,

Environmental Regulations

Certified

CC: Mr. Martin Jacobson MDNR, Jackson Office

Certified



3301 SUTTON ROAD ADRIAN, MI 49221-9397 (517) 263-5711

May 14, 1987

U.S. EPA, Region V RCRA Activities P.O. Box A3587 Chicago, IL 60690

Re: MID 075 400 671

Dear Sir or Madam:

This letter is to notify you that Stauffer-Wacker Silicones Corporation will be 100% owned by Wacker Chemical Corporation, effective about May 15, 1987.

The new corporate name will be Wacker Silicones Corporation.

Tentatively, there is no anticipated change in management personnel, so there will be very little change in the method of operation.

Yours truly, STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pb 87-51

cc: G. F. Lengnick

REGEOVED

MAY 1 8 1987

JVVD - MIJ U.S. EPA, REGION V

9/22/87 Changes whe sent to Data Entry



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 5 230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HE-12

APR 2 4 1987

Mr. Joseph Calamungi Stauffer Wacker Silicones Corp. 3901 Sutton Rd. Adrian, MI 49221

EPA ID Number: MID-075-400-671

Re: Requirements for Generators,
Marketers and Burners of
Hazardous Waste and Used
Oil Fuels

Dear Mr. Calamungi:

This letter acknowledges that the United States Environmental Protection Agency (U.S. EPA) has received your Notification of Hazardous Waste Activity as required by the new Waste-As-Fuel regulations. These regulations were published in the November 29, 1985, Federal Register and apply to persons who generate, market, transport, or burn hazardous waste fuel or used oil fuel.

The following information highlights the administrative requirements for persons subject to the current Waste-As-Fuel regulations promulgated on November 29, 1985, in 40 CFR (Code of Federal Regulations) Part 266, Subparts D and E.

#### **GENERATORS**

Persons Generating Hazardous Waste Fuel. Generators that send their hazardous waste to a hazardous waste fuel marketer are subject to the 40 CFR Part 262 generator standards [see 40 CFR 266.32(a)]. Generators that market their hazardous waste fuel directly to burners are subject to both the 40 CFR Part 262 standards and the hazardous waste fuel marketer requirements [see 40 CFR 266.32(b)]. Generators that are burners are also subject to 40 CFR 266.35.

Persons Generating Used Oil Fuel. Used oil generators are exempt from the current Waste-As-Fuel regulations unless they: (1) market off-specification used oil fuel directly to a burner, or (2) burn off-specification used oil for energy recovery. Generators marketing directly to a burner are subject to 40 CFR 266.43. Generators burning off-specification used oil fuel are subject to 40 CFR 266.44.

#### **MARKETERS**

Persons Marketing Hazardous Waste Fuel. Persons who market hazardous waste fuel include the following: (1) generators marketing hazardous waste fuel directly to a burner, (2) persons who receive hazardous waste from generators and produce, process, or blend hazardous waste fuel, and (3) persons who distribute but do not process or blend hazardous waste fuel. Hazardous waste fuel marketers are required to have notified U.S. EPA of their hazardous waste fuel activities, have a U.S. EPA Identification Number, and market only to persons who have notified U.S. EPA and who burn the fuel only in industrial furnaces, industrial boilers, or utility boilers. These marketers are also required to comply with manifest requirements, certification of compliance with burning standards, recordkeeping requirements, and storage standards [see 40 CFR 266.34].

<u>Persons Marketing Used Oil Fuel.</u> 40 CFR 266.43 describes to whom the regulations for used oil marketing apply. The same requirements for persons marketing hazardous waste fuel apply to off-specification used oil fuel marketers, except for the manifest and storage requirements [see 40 CFR 266.43].

#### TRANSPORTERS

Persons Transporting Hazardous Waste Fuel. Persons who transport hazardous waste fuel are subject to the 40 CFR Part 263 standards for hazardous waste transporters. These persons are required to notify U.S. EPA of their Waste-As-Fuel activities. However, they are not required to renotify U.S. EPA of their hazardous waste transportation activities if they have already done so.

<u>Persons Transporting Used Oil Fuel.</u> Persons who transport used oil fuel, both onspecification and off-specification, are currently exempt from the Waste-As-Fuel regulations.

#### **BURNERS**

Persons Burning Hazardous Waste Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers that burn hazardous waste fuel are subject to the following: (1) notification to U.S. EPA of hazardous waste fuel activities, (2) manifest requirements, (3) certification with burner standards, (4) recordkeeping requirements, and (5) storage standards. Burners must also comply with the prohibitions on use in non-industrial boilers [see 40 CFR 266.35].

<u>Persons Burning Used Oil Fuel.</u> Owners and Operators of industrial furnaces, industrial boilers and utility boilers are subject to the same requirements as Hazardous Waste Fuel Burners except for the manifest and storage standards [see 40 CFR 266.44].

If you have any questions concerning this letter or the Waste-As-Fuel regulations, please contact either Ms. Shirlee Brauer at (312) 886-4591, or Ms. Laura Lodisio at (312) 886-7090 or the RCRA/Superfund Hotline at (800) 424-9436.

Sincerely,

Basil G. Constantelos, Director Waste Management Division

Enclosure

3301 SUTTON ROAD ADRIAN, MI 49221-9397 (517) 263-5711

April 24, 1987

REGELVEL

U. S. EPA, Region V RCRA Activities P. O. Box A3587 Chicago, IL 60690

APR 2 8 1987

Re: MID 075 400 671

U.S. EPA, REGION V

Dear Sir or Madam:

This letter is to notify you that a letter of intent has been signed for the purchase of the portion of Stauffer-Wacker Silicones Corporation now owned by Stauffer Chemical Company.

Wacker Chemical Corporation, which has had about 49% ownership of Stauffer-Wacker Silicones Corporation since December, 1974, will have 100% ownership. It is expected that the transaction will be completed by May 15, 1987.

The new corporate name has not been announced, but it probably will be Wacker Silicones Corporation.

Tentatively, there is no anticipated change in management personnel, so that there will be very little change in the method of operation.

Please note that our company is satisfying the financial responsibility for environmental liability coverage by means of the "financial test" method, with independently audited financial statements. This status will not change.

Yours truly, STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook

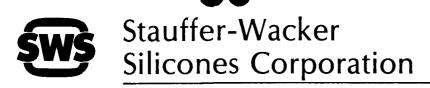
Environmental Control Coordinator

Philbrook

GCP:pb 87-40

cc: G. F. Lengnick





3301 SUTTON ROAD ADRIAN, MI 49221-9397 (517) 263-5711

# REGEOVED

APR 3 0 1986

April 14, 1986

U.S. EPA, REGION V

Ms. Mary Villarreal RCRA Activities US EPA, Region V P. O. Box A3587 Chicago, Illinois 60690-3587

Dear Ms. Villareal:

Re: Stauffer-Wacker Silicones Corporation

MID075400671

As per our recent correspondence, enclosed is the revised Part A application, which reflects our company's recent name change. Our former name was SWS Silicones Corporation.

If there are any questions, please contact me at the number listed above, extension 361.

Yours truly,

STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pb 86-55 (4 sets)

cc: J. Calamungi

G. F. Lengnick

D. McGrade



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GENERAL SEPA (Read the "	ERAL INFORM onsolidated Permits P General Instructions	rogram	FMID07540	06710
LABEL ITEMS  I. EPA I.D. NUMBER  III. FACILITY NAME			Submitted 4/15/ Revision No. 2 A	86
V. MAILING ADDRESS PLEASE PL. VI. FACILITY VI. LOCATION	ACE LABEL IN	THIS SPACE	•	
		//////		
II. POLLUTANT CHARACTERISTICS.  INSTRUCTIONS: Complete A through J to determine a questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no is excluded from permit requirements; see Section C of the	whether you need to tal form listed in the to each question, y	e parenthesis following the que ou need not submit any of the:	n forms to the EPA. If you ans stion. Mark "X" in the box in se forms. You may answer "no	wer "yes" to any the third column " if your activity terms.
SPECIFIC QUESTIONS	MARK 'X'	SPECIFIC G	IUESTIONS	WARK X
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			mimal feeding operation or nation facility which results in a	X 20 21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or 8 above? (FORM 2C)	*	D. Is this a proposed facility in A or B above) which waters of the U.S.? (FOR	will result in a discharge to	X 25 26 27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X X X	municipal effluent below	t at this facility industrial or the lowermost stratum con- rter mile of the well bora, rinking water? (FORM 4)	X 21 22 23
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		process, solution mining	at this facility fluids for spe- ining of sulfur by the Frasch of minerals, in situ combus- overy of geothermal energy?	X
I. Is this facility a proposed stationery source which is one of the 28 industrial categories listed in the instructions and which will potentially emit. 100 tons per year of any air pollutant regulated under the Cleen Air Act and may affect or be located in an attainment area? (FORM 5)	x	NOT one of the 28 indu instructions and which w per year of any air pollute	d stationary source which is istrial categories listed in the ill potentially emit 250 tons and regulated under the Clean in the located in an attainment.	x
III. NAME OF FACILITY  SKIP S. T. A. II. E. F. F. R. W. A. C. K. F. R.		PRINTED TO BELLVIE	0 .R .A .T .T .O .N	التحديث والمناف
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IV. FACILITY CONTACT		<del></del>	PHONE (area code & no.)	
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V. FACILITY MAILING ADDRESS	\$1.20 mm 电模型 4.	Colorada Proposition	the state of the s	
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B. CITY OR TOWN	, , , , , ,	C.STATE D. ZIP COD	1	
VI. FACILITY LOCATION				
A. STREET, ROUTE NO. OR OTHER S	PECIFIC IDENTIFIE		See Attachment A	
B. COUNTY NAME				
L.E.N.A.W.E.E		10		
C. CITY OR TOWN		D.STATE E. ZIP COD	F. COUNTY CODE	
EPA Form 3510-1 (6-80)		10 11 12 12	<u> </u>	

CONTINUED FROM THE FRONT		
VII. SIC CODES (4-digit, in order of priority)	A STATE OF THE PARTY OF THE PAR	
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SILICONE MATERIALS	SILICONE I	RUBBER
C. THIRD		, FOURTH
5 2 8 9 1 (specify)	72 8 6 9 (specify)	
SILICONE SEALANTS	7/2 8 6 9 SILICONE I	FLUIDS
VIII. OPERATOR INFORMATION		and the said of the first of the said
A. NAI	ME	B. Is the name listed in
e		Item VIII-A also the owner?
8 STAUFFER-WACKER SILI	CONES CORPORTI	O.N XYES - NO
18. 14	- <u></u>	30 66
C. STATUS OF OPERATOR (Enter the appropriate letter into	the answer box; if "Other", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state)	D (specify)	- 1 1 1 1 1
S = STATE O = OTHER (specify) P = PRIVATE	<u>P</u>	5 1 7 2 6 3 5 7 1 1
E. STREET OR P.O. BOX	34- 15	16 - 18   10 - 21   22 - 29
	<del>-1-1-1-1-1-1-1-1</del>	
3. 3. 0. 1 S. U. T. T. O. N. R. O. A. D.		
II.	G.STATE H. ZIP CODE IX	INDIAN LAND
F. CITY OR TOWN		the facility located on Indian lands?
BADRIAN	M I   4 9 2 2 1	YES NO
		52
15 16	40 AP 42 47 ~ 31	
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A. NPOES (Discharges to Surface Water)  D. PSD (Air E	missions from Proposed Sources	
9 N M I 0,026034 9 P		
13 16 17 19 - 30 15 16 17 18	- 15	
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15 16 17 18 - 30 15 16 17 18	- 10	
	COTHER (specify)	
9 R M I D O 7 5 4 0 0 6 7 1 9	(specify)	Attachment D
19 14 17 18 - 30 15 14 17 18	- 30 1	Attachment B
XI. MAP THE THE PROPERTY OF THE PROPERTY OF THE PARTY OF	Colored and the state of the st	र देश है अनुसर के देश अपने के जिल्ला है जिल्ला है है है है
Attach to this application a topographic map of the area exte	nding to at least one mile beyond proper	ty bounderies. The map must show
the outline of the facility, the location of each of its existing		
treatment, storage, or disposal facilities, and each well where		all springs, rivers and other surface
water bodies in the map area. See instructions for precise requ	irements.	·
XII. NATURE OF BUSINESS (provide a brief description)	the section of the section of the second	and the second of the second of the second
Manufacture of Silicone Products, in	ncluding Fluide Spalante	Pubbers and Emulsions
nandracture of Stricone Froducts, in	icidaling illuids, seataires,	
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XIII, CERTIFICATION (see instructions)	and some the second of the second second second second	AND STATE OF THE S
I certify under penalty of law that I have personally examine	ed and am familiar with the information s	submitted in this application and all
attachments and that, based on my inquiry of those person application, I believe that the information is true, accurate a		
false information, including the possibility of fine and impriso		and the periodical for submitting
· ·	SIGNATURE //	C. DATE SIGNED
G. F. Lengnick	At Lundele	4/15/86
President		! 4/ IJ/ 00
COMMENTS FOR OFFICIAL USE ONLY		
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EPA Form 3510-1 (6-80)

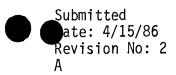
REVERSE

Date: 4/15/86 Revision No. 2

#### STAUFFER -WACKER SILICONES CORPORATION

#### Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.



#### STAUFFER-WACKER SILICONES CORPORATION

#### Attachment B

#### Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

**494-**81

597-81

628-81

658-81

777-81

184-82

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383-82

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525-82

240-83



### U.S. ENVIRONMENTAL PROTECTION AGENCY

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FOR OFFICIAL USE ONLY	7-			The second of th
APPLICATION DATE RECEIVED	<u> </u>		COMMENTS	Submitted 4/15/86
APPROVED (yr., mo., & day)				Revision No. 2
II. FIRST OR REVISED APPLI	CATION			The second of th
Place an "X" in the appropriate box revised application. If this is your fir EPA I.D. Number in Item I above.	in A or B below (m st application and	you already know your fo	ecility's EPA I.D. Number, o	t application you are submitting for your facility or a r if this is a revised application, enter your facility's
	ee instructions for Complete item belo	definition of "existing" ; w.)	facility.	2.NEW FACILITY (Complete item below.) FOR NEW FACILITIES. PROVIDE THE DATE
8 6 5 0 6 2 1 (use t	he boxes to the lef	t) 	UCTION COMMENCED	78. MO. DAY (yr., mo., & day) OPERA- TION SEGAN OR IS TON SEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION (p		ana complete Item 1 460	ve)	☐ 2. FACILITY HAS A RCRA PERMIT
III. PROCESSES - CODES AN	D DESIGN CAP	CITIES	Annual Control	12
entering codes. If more lines are describe the process (including its B. PROCESS DESIGN CAPACITY - 1. AMOUNT — Enter the amount	needed, enter the content of the con	ode(s) in the space providenthe space provided on to tered in column A entered in column A entered in column B(1), enter to	ded. If a process will be used the form (Item III-C). the capacity of the process. the code from the list of unit	o be used at the facility. Ten lines are provided for d that is not included in the list of codes below, then measure codes below that describes the unit of
1		RIATE UNITS OF		PRO- APPROPRIATE UNITS OF
		E FOR PROCESS	PROCESS	CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY
Storage:			Treatment:	
CONTAINER (barrel, drum, etc.) TANK WASTE PILE SURFACE IMPOUNDMENT	SO2 GALLONS SO3 CUBIC YA CUBIC ME		TANK SURFACE IMPOUNDMENT INCINERATOR	T01 GALLONS PER DAY OR LITERS PER DAY  T02 GALLONS PER DAY LITERS PER DAY  T03 TONS PER HOUR OR
Disposal:	304 GALLONS	OR LITERS	INCINERATOR	METRIC TONS PER HOUR: GALLONS PER HOUR OR
INJECTION WELL LANDFILL  LAND APPLICATION OCEAN DISPOSAL	D80 ACRE-FER Would cove depth of or HECTARE D81 ACRES OF D82 GALLONS LITERS PE	PHECTARES PER DAY OR OR	OTHER (Use for physical, thermal or biological treats processes not occurring in surface impoundments or ators. Describe the process the space provided: Item 1	LITERS PER HOUR chemical, T04 GALLONS PER DAY OR ment LITERS PER DAY tanks, inciner- ses in
SURFACE IMPOUNDMENT		OR LITERS		
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS.  LITERS  CUBIC YARDS  CUBIC METERS  GALLONS PER DAY  EXAMPLE FOR COMPLETING ITE other can hold 400 gallons. The facil	L Y C U M III (shown in lin	LITERS PER DAY. TONS PER HOUR. METRIC TONS PER HOU LITERS PER HOUL LITERS PER HOUL e numbers X-1 and X-2.	HOURB REH	ACRE-FEET
S DUP	7/A C		To 20 ganotis per fied.	
A. PRO- B. PROCESS	DESIGN CAPAC	ידו	B. PF	ROCESS DESIGN CAPACITY
CESS CODE 1. AMO 1. AMO 1. AMO 1. Special Spec	(fy) 	2. UNIT OF MEA- SURE (enter code)  FOR USE ONLY	A. PRO- USS CESS CODE UND (from !ist above)	2. UNIT OF MEA- OF MEA- SURE enter code)
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X-2 T 0 3 20		E	6	
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<sup>2</sup> S 0 2 55,000		G	8	

3

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9

10

TTT	<b>PROCESSES</b>	4
111.	PRULESSES	i continuea i

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Submitted 4/15/86 Revision 2

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hezardous westes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMS
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZANDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

  2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated

	1				A				UNIT													D. PROCESSES
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Submitted 4/15/86 Revision 2

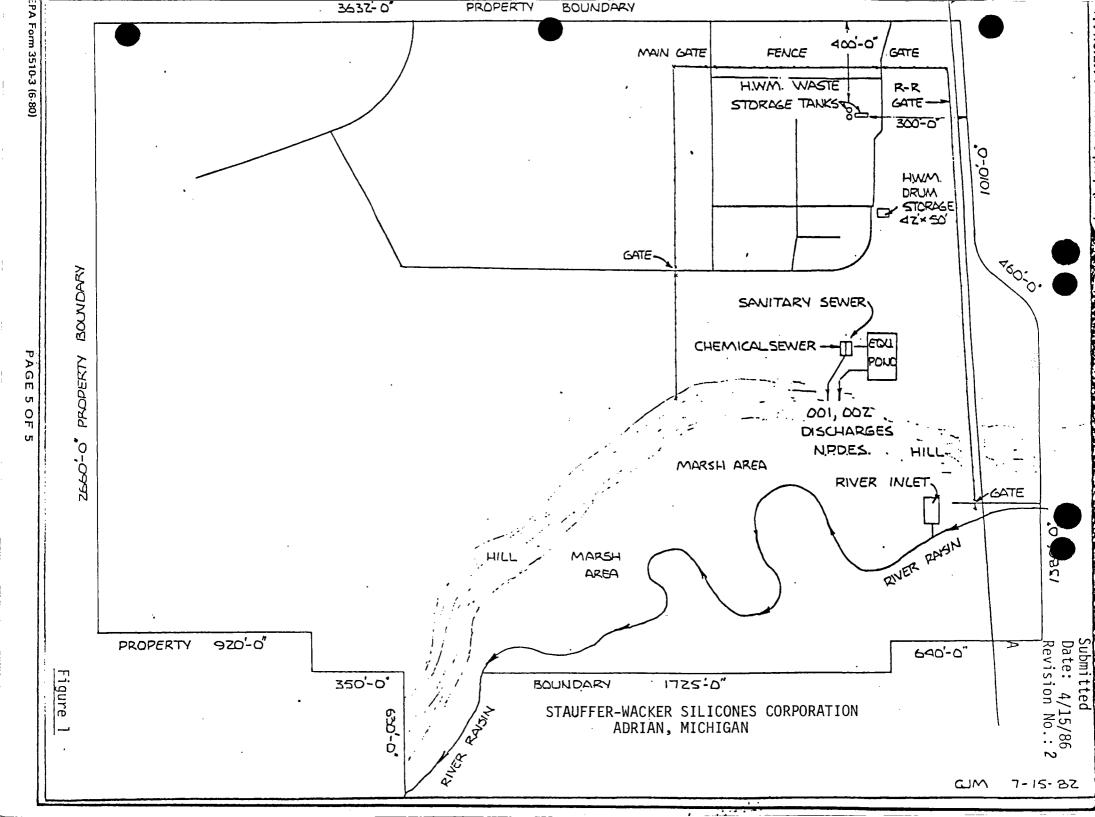
Continued from page 2. NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

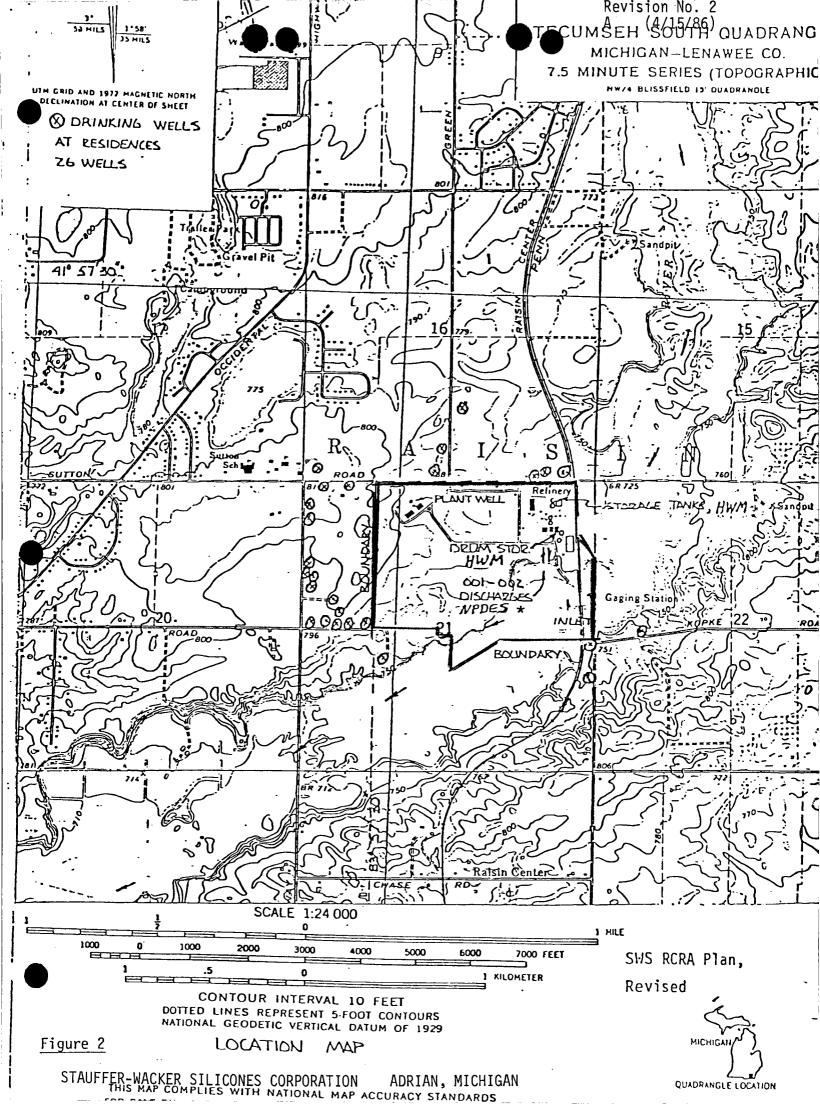
A Form Approved OMB No. 158-S80004 EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONLY

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EPA Form 3510-3 (6-80)

Continued from the front.	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.	STATE TO SHEET ALL ALL FOR THE SHEET HIS
Submi	tted 4/15/86
	ion No. 2
J A	
EPA I.D. NO. (enter from page 1)	
FM I D 0 7 5 4 0 0 6 7 1 6	
V. FACILITY DRAWING	
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more del	tail).
VI. PHOTOGRAPHS	Z-A-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-
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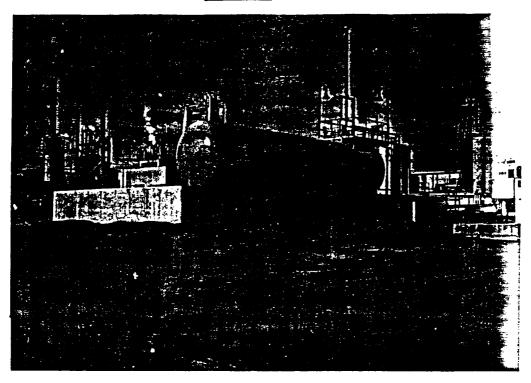
Submitted Date: 4/15/86 Revision No. 2

#### STAUFFER-WACKER SILICONES CORPORATION

#### Covered Waste Tank T-101

July 13, 1982

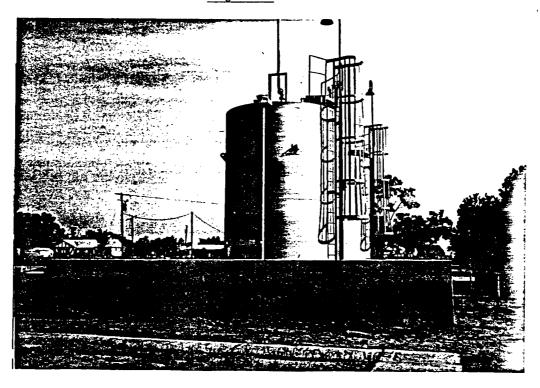
#### Figure 3



#### Covered Waste Tanks T-105, T-108

July 13, 1982

#### Figure 4



Date: 4/15/86 Revision No. 2

# STAUFFER-WACKER SILICONES CORPORATION Covered Waste Drum Storage

January 4, 1983

Figure 5

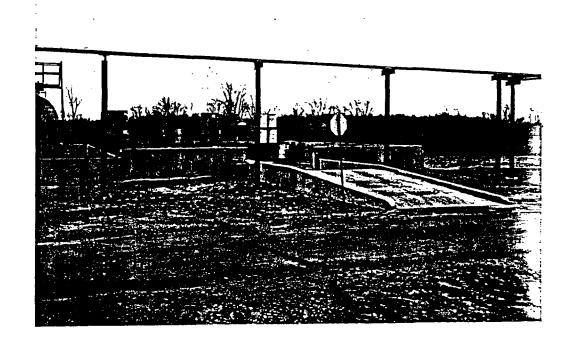
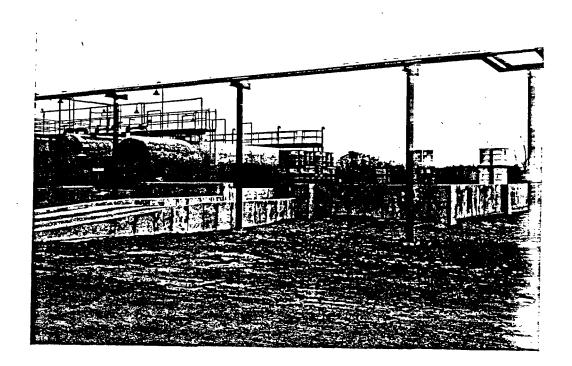
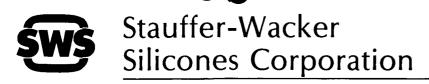


Figure 6





3301 SUTTON ROAD ADRIAN, MI 49221-9397 (517) 263-5711

March 13, 1986

REGEOVED

MAR 1 7 1986

U.S. EPA, REGION V

U.S. EPA, Region V RCRA Activities P.O. Box A3587 Chicago, Illinois 60690

Re: MID075400671

Dear Sir:

This letter is to notify you that SWS Silicones Corporation has changed its name. Please make a note that we are now known as Stauffer-Wacker Silicones Corporation.

Our corporation is still a joint venture of Stauffer Chemical Company and Wacker-Chemie, GMBH.

Yours truly,

STAUFFER-WACKER SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pb

86-37

Called Co. to advise to send amended part A for Name change

COPYI

fill-in areas are spaced for elite type, i.e., 1 rectars line	:h).		Form Approved OMB No. 1	
FORM MRC4	ONMENTAL PROT		I, EPA I,D, NUMBER	
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LYBET ILEMZ				
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III. FACILITY NAME		//////	Revision No. 2	
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V PACILITY	/////	11/1//		
V. MAILING ADDRESS PL	ACE LABEL IN	THIS SPACE /		
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W FACILITY	////	//////	·	
VI. LOCATION	////	///////		
	/////	//////	•	
II, POLLUTANT CHARACTERISTICS				The second second
INSTRUCTIONS: Complete A through J to determine				wer "ves" to any
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no"	ntal form listed in the " to each question, y	e parenthesis following the quest ou need not submit any of these	tion. Mark "X" in the box in 1 forms. You may answer "no	the third column " if your activity
is excluded from permit requirements; see Section C of the	MARK 'X'	a, section b of the insudctions	tot netilitions of boid—secen	MARK X
SPECIFIC QUESTIONS	YES HO ATTACHED	SPECIFIC QU		YES HO ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to weters of the U.S.?	1 1 1		imal feeding operation or	
(FORM 2A)	X	aquatic animal production discharge to waters of the l	facility which results in a J.S.? (FORM 2B)	X
C. Is this a facility which currently results in discharges		D. Is this a proposed facility		x
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or 8 above? (FORM 2C)	2 11 11	waters of the U.S.? (FORM	vill result in a discharge to 2D)	15 16 17
E. Does or will this facility treat, store, or dispose of		F. Do you or will you inject	at this facility industrial or the lowermost stratum con-	1 1 1
hazardous wastes? (FORM 3)	x	taining, within one quart	er mile of the well bors,	x
G. Do you or will you inject at this facility any produced	26 29 20	underground sources of dri		31 32 33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-		. H. Do you or will you inject a cial processes such as min	ing of sulfur by the Frasch	
duction, inject fluids used for enhanced recovery of			f minerals, in situ combus- very of geothermal energy?	
oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	74- 75- 74-	. (FORM 4)		X 1
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-		L is this facility a proposed NOT one of the 28 indus	stationary source which is	
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the		instructions and which will per year of any air pollutan	potentially emit 250 tons	
Clean Air Act and may affect or be located in an	X	Air Act and may affect or	be located in an attainment	X
III. NAME OF FACILITY	de de la 2	area? (FORM 5)	effek av elekakilette	
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AI NAME & TITLE (last, fir	st, & title)	B. P	HONE (area code & no.)	
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VI. FACILITY LOCATION	经行为的结合的	· 李·李·刘子·刘子·刘子·刘子·太子·	<b>为这些国际</b>	
A. STREET, ROUTE NO. OR OTHER SI	PECIFIC IDENTIFIE	R	•	`
S A M E		* Se	ee Attachment A	. •
8. COUNTY NAME				
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C. CITY OR TOWN		<del>-</del>	1 F. COUNTY CODE 7	
		D.STATE E. ZIP CODE	f. COUNTY CODE	-
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EPA Form 3510-1 (6-80)	· · · · · · · · · · · · · · · · · · ·	15 1 11 21 12 11	GOLTING	UE ON REVERSE

Submitted 4/15/86 Revision No. 2

CONTINUED FROM THE FRONT		A	
VII. SIC CODES (4-digit, in order of priority)	Section of the property of the section of the secti		
A. FIRST		B. SECOND	
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SILICONE MATERIALS	12 19 - 19	SILICONE RUBBER	· · · · · · · · · · · · · · · · · · ·
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7 2 8 3 1 SILICONE SEALANTS	15   16 - 19	SILICONE FLUIDS	
VIII. OPERATOR INFORMATION	A NAME	grand the state of	B. Is the name listed h
			item VIII-A also th owner?
8 STAUFFER-WACKER SI	L, I, C, O, N, E, S, , C, O, R,	P.O.R.T.I.O.N.	₩ YES □ NO
15. 16	•	99	
C. STATUS OF OPERATOR (Enter the appropriate letter  F = FEDERAL M = PUBLIC (other than federal or state)		eary.) B. PHONE (ar	ea code & no.)
S = STATE O = OTHER (specify) P = PRIVATE	p   p   p   p   p   p   p   p   p   p	A 5 1 7 2 6	5 3 5 7 1 1
E. STREET OR P.O. BOX			411   40
3 3 0 1 . S. U. T. T. O. N R. O. A. D			
N .	G.STATE H.	. ZIP CODE IX, INDIAN LAND	leta kirila Forestandek k
F. CITY OR TOWN	- G.S.A.E. H.	Is the facility located of	n Indian lands?
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X. EXISTING ENVIRONMENTAL PERMITS			
	(Air Emissions from Proposed Source	res)	
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B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	•	
9 U		(specify)	
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	30	· · · · · · · · · · · · · · · · · · ·
THE CONTRACTOR OF THE CONTRACTOR	<del></del>	(specify)	
19 16 17 18 - 30 15 14 17 1		See Attachment	
XI. MAP			
Attach to this application a topographic map of the area the outline of the facility, the location of each of its experience.	extending to at least one mile b disting and proposed intake and	beyond property boundaries. The	map must show
treatment, storage, or disposal facilities, and each well	where it injects fluids undergrou		
water bodies in the map area. See instructions for precise			
XII. NATURE OF BUSINESS (provide a brief description)	1年一日本的科技和 2010年 村 201	和一种大路上一起一个女子的一种	and the second
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Manufacture of Silicone Products	, including Fluids, S	ealants, Rubbers and I	Emulsions.
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I certify under penalty of law that I have personally exa	mined and am familiar with the	information submitted in this ap	plication and all
attachments and that, based on my inquiry of those papplication, I believe that the information is true, accur	rate and complete. I am aware t	e for optaining the information ( that there are significant penaltie	contained in the es for submitting
false information, including the possibility of fine and im	prisonment.		
NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DA	TE SIGNED
T. F. Lengnick President	1/14 tren	ruele	1 <i>E 10C</i>
COMMENTS FOR OFFICIAL USE ONLY		4/	15/86
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Submitted
Date: 4/15/86
Revision No. 2
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#### STAUFFER -WACKER SILICONES CORPORATION

#### Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

Submitted
Date: 4/15/86
Revision No: 2

#### STAUFFER-WACKER SILICONES CORPORATION

#### Attachment B

#### Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

494-81

597-81

628-81

658-81

777-81

184-82

337-82

383-82

486-82

525-82

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# U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program

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C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY. Submitted 4/15/86

Revision 2

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77.7	200	CDIDTION	~ FT 17	' A D D ATTO 107 A COTTO
, v	1111	1 KIPIIKIN	IIP MA/	ARDOUS WASTES

- A EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	KILOGRAMS	K
TONS	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCÉSSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZANDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste, in column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of each waste. Treatment will be in an incinerator and disposal will be in a landfill.

1.7	1.		_E			'		C. UNIT													D. PROCESSES
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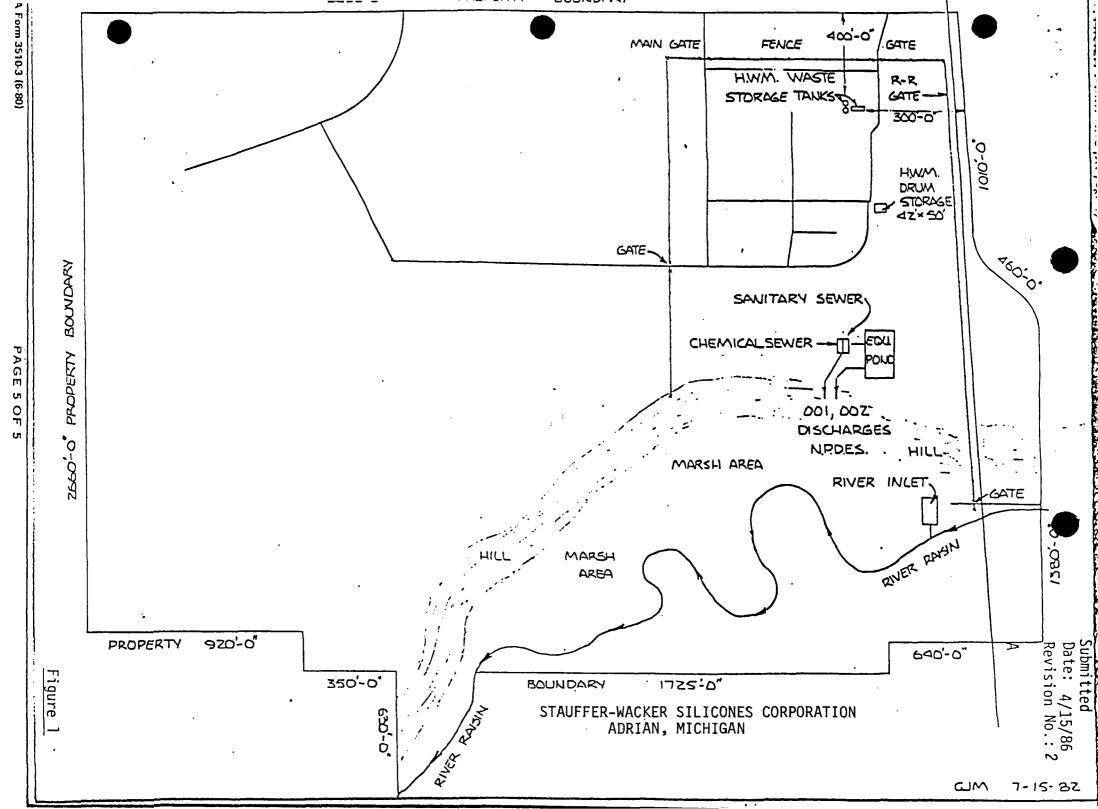
Revision 2

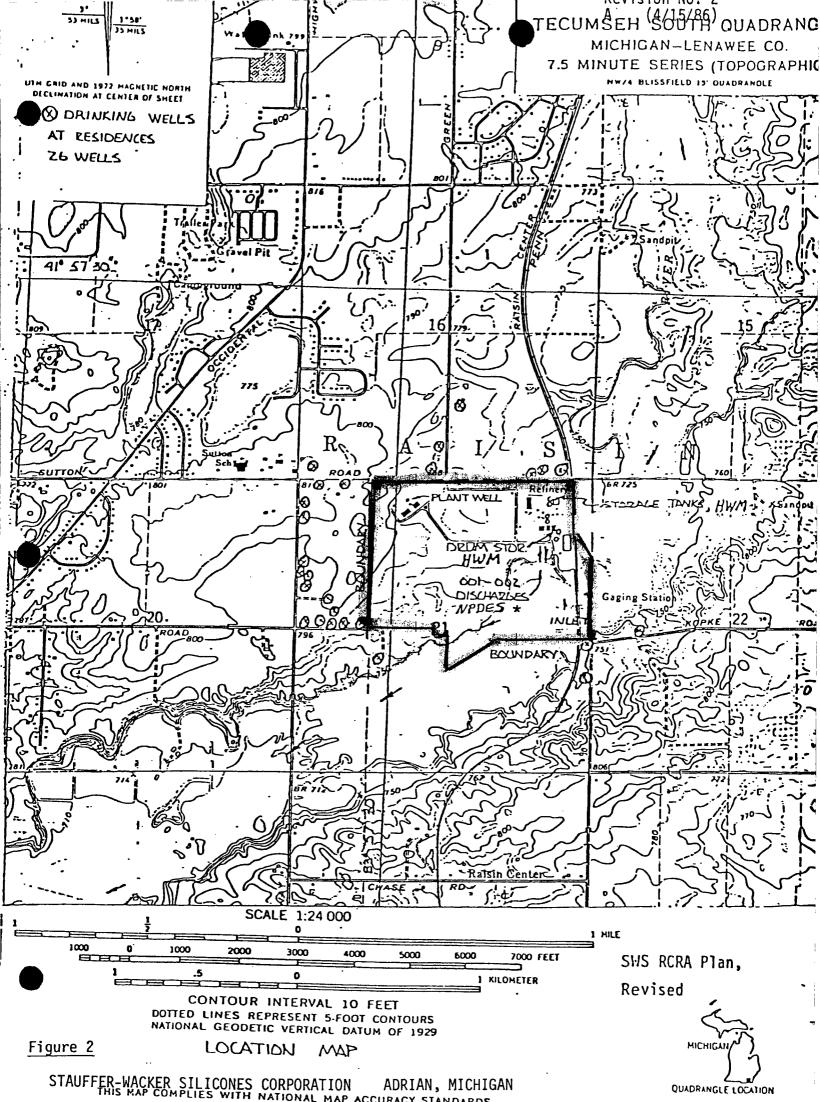
A Form Approved OMB No. 158-S80004 NOTE: Photocopy this page before completing if you have more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1)

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IV. DESCRIPTION OF HAZARDOUS WASTES (co			A Serie	3-7/2-7-2		33
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V. FACILITY DRAWING						7.
All existing facilities must include in the space provided on			tail).			
	表的 President (1985年)			e de la company	13/20	4
All existing facilities must include photographs (aero eatment and disposal areas; and sites of future store	ial or ground—level) that clearly delineate all expenses treatment or disposal areas (see instruction	xisting strui	itures; existi: e detaill.	ng storag	e,	
II. FACILITY GEOGRAPHIC LOCATION		Signal State		1000	100 C	37
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VIII. FACILITY OWNER	Section of the second of the section		त्रार क्ला <del>ल</del> क्लाने			8
X A. If the facility owner is also the facility operator as I skip to Section IX below.	isted in Section VIII on Form 1, "General Information	on", place an	"X" in the bo	x to the le	eft and	
B. If the facility owner is not the facility operator as i	isted in Section VIII on Form 1, complete the follow	ving items:				
	ITY'S LEGAL OWNER		2. PHONE N	10. (area c	ode & no	5. j
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3. STREET OR P.O. BOX	4. CITY OR TOWN	5. S		- 41   6. ZIP COI	62 - DE	4 5
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submitted information is true, accurate, and complete						
including the possibility of fine and imprisonment.	· ·		•		•	
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G. F. Lengnick	/// Januar	i /	112/0	6		
X, OPERATOR CERTIFICATION						
Lertify under penalty of law that I have personally truments, and that based on my inquiry of those in						
submitted information is true, accurate, and complete	e. I am aware that there are significant penalti	es for subm	itting false ii	nformatic	on,	
including the possibility of fine and imprisonment.						
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EPA Form 3510-3 (6-80)





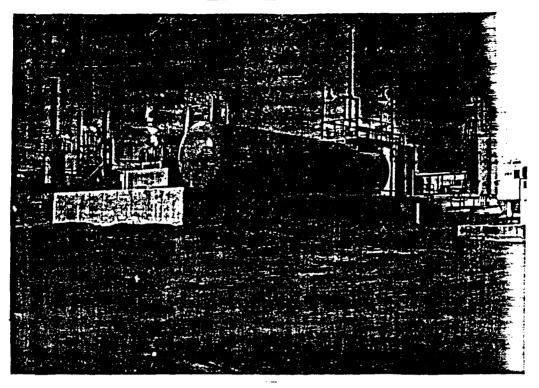
STAUFFER-WACKER SILICONES CORPORATION

Submitted Date: 4/15/86 Revision No. 2

#### Covered Waste Tank T-101

July 13, 1982

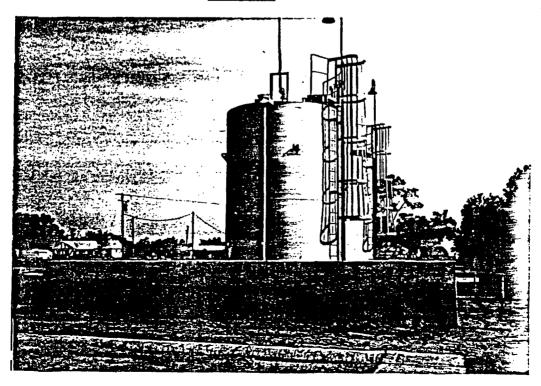
Figure 3



#### Covered Waste Tanks T-105, T-108

July 13, 1982

Figure 4



Date: 4/15/86 Revision No. 2

STAUFFER-WACKER SILICONES CORPORATION
Covered Waste Drum Storage

January 4, 1983

Figure 5

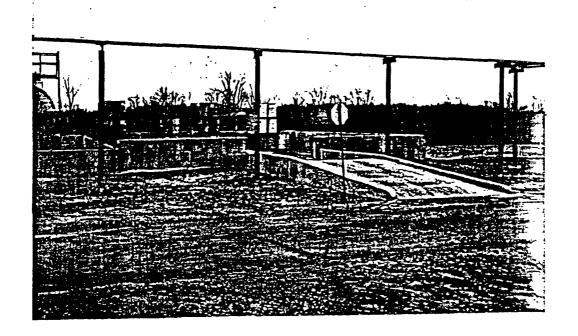
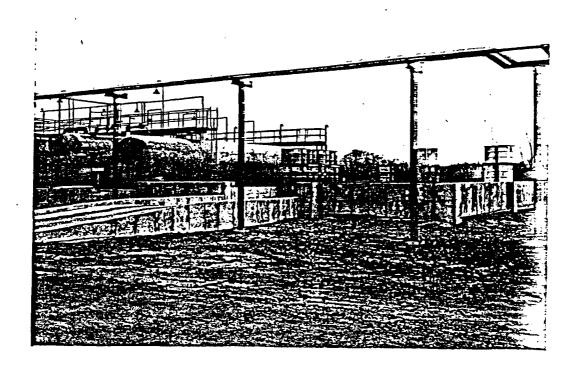


Figure 6



# SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

March 3, 1981

Ms. Melanie Toepfer
Region V, U. S. Environmental Protection Agency
Water and Hazardous Materials
Enforcement Branch
230 South Dearborn Street
Chicago, Illinois 60604

Re: Your letter of 2-13-81

**1** 

Dear Ms. Toepfer;

In your discussion of our company having two EPA identification numbers, you said it would be preferable to use the second issued number (MID 075 400 671) since that number was currently entered in your computer system.

However, since receiving the first issued number (MID 000 268 524) last September, we have supplied the number to numerous companies, such as waste haulers and waste disposers, and to many files in our own company. Therefore, we would prefer using the first number.

Would you please make the arrangements to have the computer number changed back to our first number.

Would the final identification number be the same as our first number except with a "T" replacing the "D"? This would be advantageous to us.

Your assistance in this matter would be appreciated.

Yours truly,

SWS SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pb

81-49-GCP, Certified mail

cc: G. L. Ford (Westport)

J. Calamungi RCRA/NPDES file

## RECEIVED

MAR 6 1981

ENFORCEMENT DIVISION EPA-REGION V

Please print or type in the unshaded ar fill—in areas are spaced for elite type,	reas only i.e., 12 cyers/inch,	J				Form Approved	OMB No. 15	8-R0	175	44
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HAZAR US WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

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PAGE 2 OF 5

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Continued from the front:

EPA Form 3510-3 (6-80)

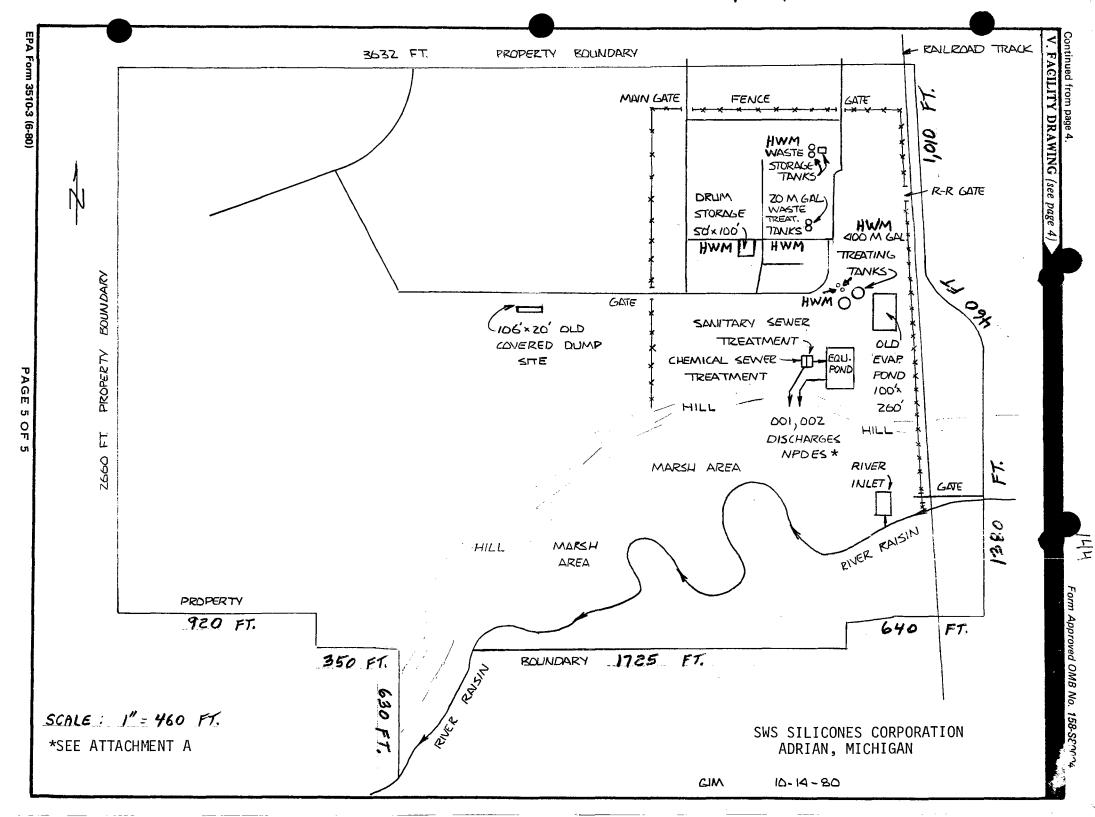
Continued from page 2.

NOTE: Photocopy this page before completing if you ve more than 26 wastes to list. 144

Form Approved OMB No. 158-S80004

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MID 07540067 1 6		
V. FACILITY DRAWING		
All existing facilities must include in the space provided on page	S a scale drawing of the facility fsee instructions	for more détail).
VI, PHOTOGRAPHS		·
All existing facilities must include photographs (aerial of	ground-level) that clearly delineate all ex	isting structures; existing storage,
treatment and disposal areas; and sites of future storage, VII. FACILITY GEOGRAPHIC LOCATION	treatment or disposal areas (see instruction	ns for more detail),
LATITUDE (degrees, minutes, & seconds)	FONGITUDE	(degrees, minutes, & seconds)
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VIII, FACILITY OWNER		
A. If the facility owner is also the facility operator as listed skip to Section IX below.	in Section VIII on Form 1, "General Information	n", place an "X" in the box to the left and
B. If the facility owner is not the facility operator as listed	in Section VIII on Form 1, complete the follow	ing items:
I, NAME OF FACILITY	S LEGAL OWNER	2. PHONE NO. (area code & no.)
E		
3. STREET OR P.O. BOX	4. CITY OR TOWN	55 56 - 58 59 - 61 62 - 65 5. ST. 6. ZIP CODE
<u>6</u>	<u> </u>	
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IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally example	mined and am familiar with the information	n submitted in this and all attached
documents, and that based on my inquiry of those indiv submitted information is true, accurate, and complete. I	iduals immediately responsible for obtaining am aware that there are significant negaltic	g the information, I believe that the es for submitting false information.
including the possibility of fine and imprisonment.		
A. NAME (print or type) B.	SIGNATURE	C. DATE SIGNED
	1022	Nov. 18 1980
L. B. Bruner	100 sum	1980
X, OPERATOR CERTIFICATION		
I certify under penalty of law that I have personally exa	mined and am familiar with the information	n submitted in this and all attached
documents, and that based on my inquiry of those indiv submitted information is true, accurate, and complete. I	am aware that there are significant penaltic	es for submitting false information,
including the possibility of fine and imprisonment.		
A. NAME (print or type) B.	SIGNATURE	C. DATE SIGNED
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		CONTINUE ON PAGE 5
EPA Form 3510-3 (6-80)	DACE LOE 5	CONTINUE ON LAGE 9

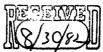


# SWS Silicones Corporation

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

August 27, 1982

U. S. Environmental Protection Agency Region V RCRA Activities P. O. Box A3587 Chicago, Illinois 60690



AUG 3 0 1982

RECEIVED

WASTE MANAGEMENT BRANCH EPA, REGION V

Dear Sir,

In reference to your June, 1982 letter, SWS Silicones Corporation (U. S. EPA I.D. #075400671) has met the requirements of 40 CFR Part 122.23, and has been acknowledged to operate under interim status.

Attached is the revised RCRA application for a hazardous waste permit which includes the following:

EPA Consolidated Permit Application Form 1 EPA Consolidated Permit Application Form 3

The major changes from the 1980 RCRA Application are:

- 1. Elimination of treatment tanks, because these are part of the waste wash-water, NPDES system.
- 2. Addition of a new drum pad; deletion of the old drum pad.

Please confirm upon receipt of this permit application-revision. If you have any questions regarding this submittal, please contact us.

Sincerely yours,

SWS SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pb 82-05-HK, certified

cc: J. Calamungi

W. P. Pagano

Note PA

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L. B. Bruner Vice President and General Manager	De min	u 18/19/82
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EPA Form 3510-1 (6-80) REVERSE		

#### Attachment A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

#### Attachment B

### Michigan Air Permits

210-75

211-75

441-75

375-76

957-79

37-81

84-81

257-81

494-81

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777**-**81 184-82

## HAZARD S WASTE PERMIT APPLICATION Cansolidated Permits Program (This information is required under Section 3005 of RCRA.) HAZARDO

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A. PRO- B. PROCESS DESIGN CAPACITY CCODE (From list above)  1. AMOUNT (specify)  2. UNIT OF MEA. SURE ONLY (code)			T/AL C	incinerator that	an burn up	to 20 gallons per	y nas two storac	ge tanks, one tank can hol	d 200 gallons and the
B. PROCESS DESIGN CAPACITY CESS CODE from list above)  1. AMOUNT (specify)  2. UNIT OF MEA SURE (enter code)  3. 20  E  A. PRO CESS CODE (inform list above)  1. AMOUNT (specify)  3. 20  E  A. PRO CESS CODE (inform list above)  1. AMOUNT  3. UNIT OF MEA SURE (inform list above)  1. AMOUNT  3. UNIT OF MEA SURE (inform list above)  3. 16  3. 19  3. 20  44,000  G  7  9  9  9  9	<del></del>	DUP	11		1	TTT	777	7-7-7-	
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rm 3510-3 (6-80)	rm 3510.2 "	3.00)		27 28 29	<u> </u>				T

					N OF HAZARDOUS WASTE								·
hai	idle	haz	ardo	us	JS WASTE NUMBER — Enter- wastes which are not listed in 4 (ic contaminants of those hazard	O C	FR, S	ubpart [	nbe ), e	r from 40 nter the fo	CFA, our—dig	Subpart D t number/s	for each listed hazardous waste you will handle. If you from 40 CFR, Subpart C that describes the characteris-
bas	is.	For	each	ch	NUAL QUANTITY — For each eracteristic or toxic contaminant characteristic or contaminant.	liste t eni	d was ered in	te enter n colum	ed n A	in column estimate	A estin	nate the qu I ennual qu	antity of that waste that will be handled on an annual antity of all the non-listed waste/s/ that will be handled
C. UN	IIT	OF				ed in	colur	nn Ben	iter	the unit	of meas	ure code. U	nits of measure which must be used and the appropriate
CO	des a	are:	E	NC	ILISH UNIT OF MEASURE		<u> </u>	CO	DE		ME	RIC UNIT	OF MEASURE CODE
	•		. 1	ON	NDS	•,••	• • •	1	۴.		M.E.	RIC TONS	
ac	faci our	lity 1t th	reco le ap	rds pro	use any other unit of measure priate density or specific gravity	for t	quanti he wa	ty, the inte.	unit	ts of meas	ure mus	t be conver	ted into one of the required units of measure taking into
D. PA 1.	PR	വ	-88 (	O	DES:					ad in anti-	A a	alant tha an	de/s/ from the list of process codes contained in Item III
-	to Fo	indi	cate	hov	withe waste will be stored, treated hazardous wastes: For each of	d, aı hara	nd/or o	disposed tic or to	l of oxic	at the faci	lity, ant ent	ered in colu	mn A, select the code/s/ from the list of process codes
	the	t ch	arac	teri	stic or toxic contaminant.	ne	ander (	odes l	fm	ore are ne	eded: (	) Enter th	ose of all the non-listed hazardous wastes that possess e first three as described above; (2) Enter "000" in the
	ex	rem	e rig	ht i	box of Item IV-D(1); and (3) En	ter i	n the s	pace pr	ovic	ded on pag	e 4, the	line numbe	er and the additional code <i>ls)</i> . cess in the space provided on the form.
NOTE		-ίΔ2	ARE	iÓC	US WASTES DESCRIBED BY	MOR	E TH	AN ON	EE	PA HAZA	RDOU	a' i i	NUMBER - Hazardous wastes that can be described by
. 1.	Se	ect	one	of	مرج مراه المرسيدا والتنسومات أسنت سورين	ers a	and en	ter it in	col	umn A. O	n the sa	diennee of	plete columns B,C, and D by estimating the total annual the waste.
2	In	colu	ımn dad u	A (	of the next line enter the other n above" and make no other entr for each other EPA Hazardous V	EPA ies c	\ Haza	rdous V	Vast	te Numbei	that c	in be used	to describe the waste. In column D(2) on that the sitter
EVAL	an:	= 6	ne i		MDI ETING ITEM IV Jehown is	o lima	e numi	hars X-1	. X	2 X-3 an	d X-4 b	elow) – A	acility will treat and dispose of an estimated 900 pounds
AFA C	rro	sive	only	ar	shavings from leather tanning ar nd there will be an estimated 20 of that waste. Treatment will be	oa 01	ounds	per year	r of	each was	te. The	other wast	treat and dispose of three non-listed wastes. Two wastes e is corrosive and ignitable and there will be an estimated
Ш	H	AZ/	PA ARD		B. ESTIMATED ANNUAL	OF	UNIT MEA- URE		-	. PROCES			D. PROCESSES  2. PROCESS DESCRIPTION
Zo			E No		QUANTITY OF WASTE	1 6	nter ode)	 	, 	(en	ter)	5. <b>3</b> 	(if a code is not entered in D(1))
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<b>X</b> -2	D	0	0	2	400		P	T 0	3	D 8 0			
<b>X</b> -3	D	0	0	1	100		P	T'0	3	D'8'0			
	7	7		,		T			1		177		included with above

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

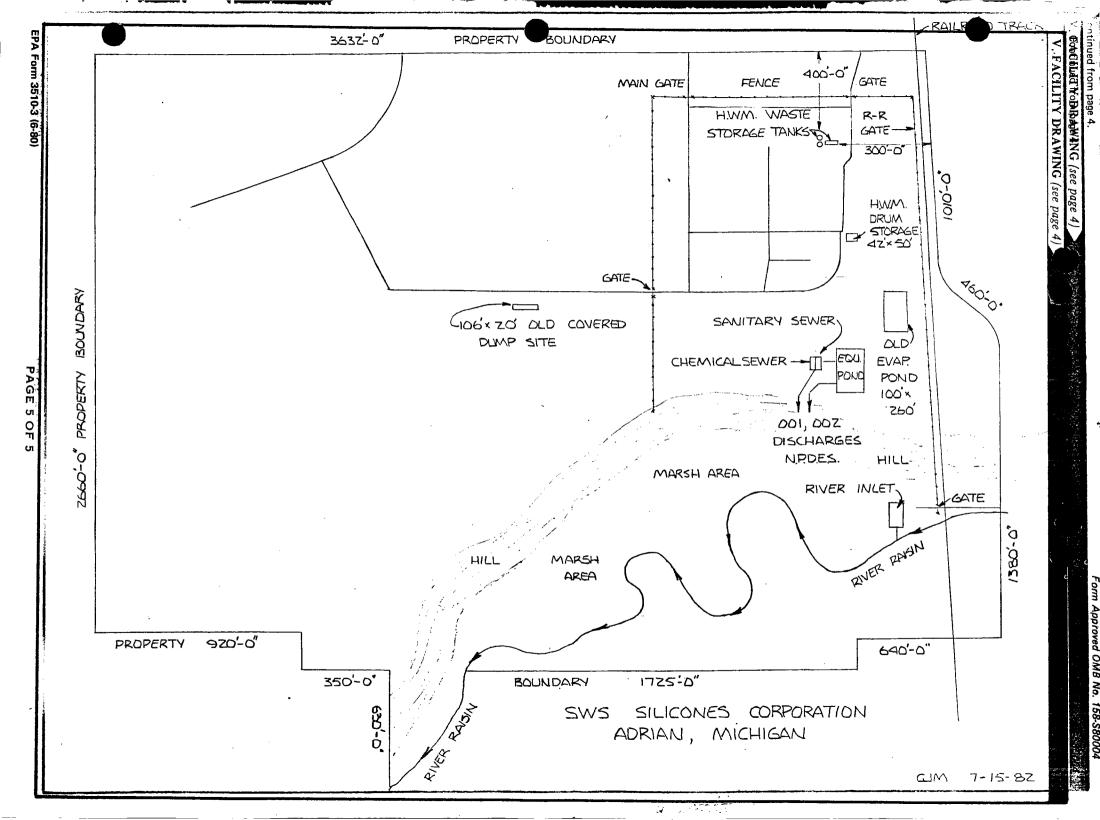
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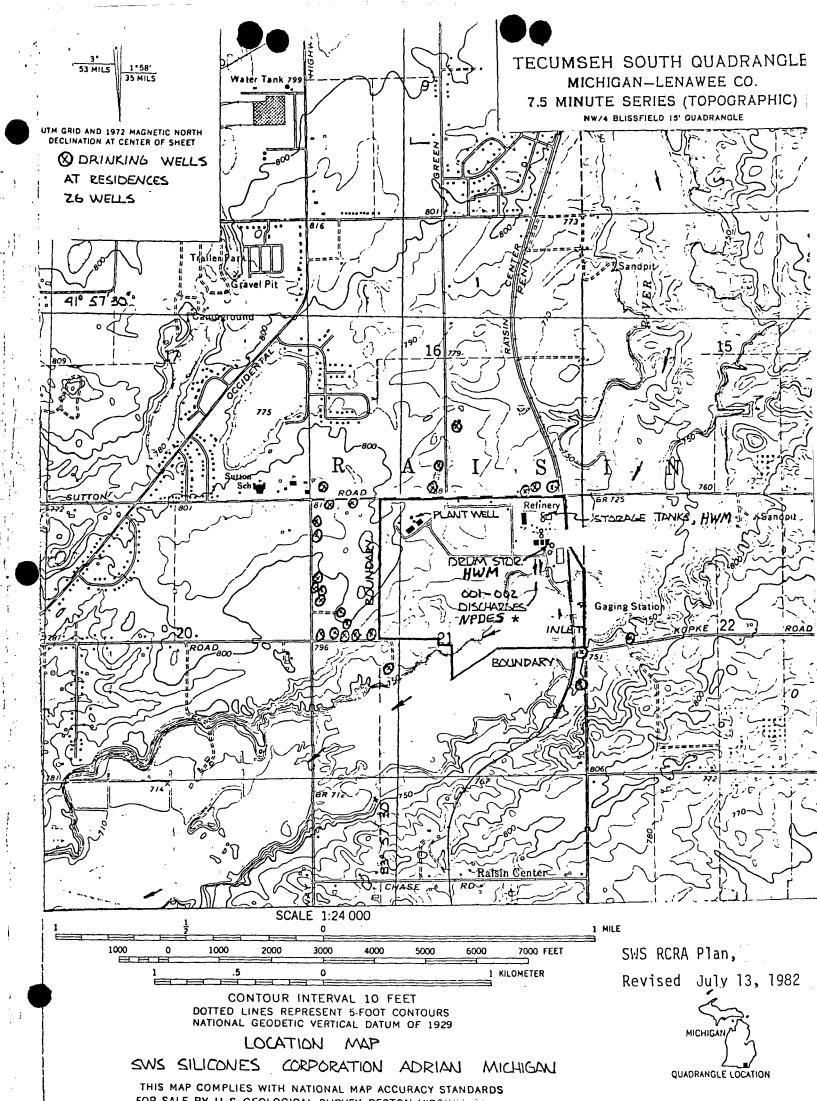
III. PROCESSES (continued)

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IV. I	1			1	ON OF HAZARDOUS WASTI	_		_	ed	)>					,	.,	D. PRC	CES	e F e	- 3+ +					7-38 (4) 3-34		
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IV. DESCRIPTION OF HAZARDOUS WAS S	ltinued)					51
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FRO	OM ITEM D(I) ON PAGE 3	•			•
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•						
F M I D 0 7 5 4 0 0 6 7 1 6						
1, 2 (3, 14, 19,						
V. FACILITY DRAWING  All existing facilities must include in the space provided on	nage E a coala descrito	of the facility fore instruction	e for more de	+mill		
VI. PHOTOGRAPHS	Daye D a scale drawing	of the facility (see instruction)	s tot more de	laii).		
All existing facilities must include photographs (aeric					ng storage,	' :
treatment and disposal areas; and sites of future stor VII. FACILITY GEOGRAPHIC LOCATION	age, treatment or o	disposal areas (see instruction	ons for more	detaii).		<u> </u>
LATITUDE (degrees, minutes, & seconds)		LONGITUD	E (degrees, m	inutes, & seco	onds)	
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VIII. FACILITY OWNER	·	72	• 74 75 7	77 • 79		
A. If the facility owner is also the facility operator as I skip to Section IX below.	isted in Section VIII	on Form 1, "General Informati	on", place an	"X" in the b	ox to the lef	t and
	· · · · · · · · · · · · · · · · · · ·					
B. If the facility owner is not the facility operator as li	· · · · · · · · · · · · · · · · · · ·	<u></u>	wing items:			•
1. NAME OF FACIL E	ITY'S LEGAL OWN	ER		2. PHONE	NO. (area co	nae & no.)
<u>E                                     </u>			85_	56 - \$8 5	9 - 61 6	2 . 6
3. STREET OR P.O. BOX	<u>c</u>	4. CITY OR TOWN	5.9	ST.	6. ZIP COD	E
F	G 45 15 16		40 41	42 47		
IX. OWNER CERTIFICATION			1			
I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	examined and am ndividuals immedia	familiar with the information	on submitte ing the infoi	d in this and mation, I be	l all attache elieve that t	ea the
submitted information is true, accurate, and completed including the possibility of fine and imprisonment.	te. I am aware that	there are significant penalt	ies for subn	nitting false	informatio	n,
A. NAME (print or type)	B. SIGNATURE	101	T c	DATE SIGN	ED	<del></del>
L. B. Bruner		Donne		2/19/5	3/	
	- 100	grown				
X, OPERATOR CERTIFICATION  I certify under penalty of law that I have personally	examined and am	familiar with the information	on submitte	d in this and	l all attache	ed
documents, and that based on my inquiry of those in	ndividuals immedia	itely responsible for obtaini	ing the infol	mation, I be	elieve that t	the
submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	le. I am aware that	mere are significant penalt	ies iui sudn	ncony raise	กกบากสมเ <b>บ</b>	",
A. NAME (print or type)	B. SIGNATURE		c	. DATE SIGN	ED	···-

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### Covered Waste Tank T-101

July 13, 1982



Covered Waste Tanks T-105, T-108

July 13, 1982



Covered Waste Drum Storage

August 19, 1982





# **SWS Silicones Corporation**

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

November 18, 1980

U.S. Environmental Protection Agency Region V RCRA Activities P.O. Box 7861 Chicago, Illinois 60680

Dear Sir:

In accordance with 40 CFR Part 122, Consolidated Permits Program, enclosed is the RCRA Part A permit application for the hazardous waste management facility at our Adrian, Michigan location.

Please confirm, at your earliest convenience, receipt of this permit application. If you have any questions regarding this submittal, please contact us.

Sincerely,

SWS SILICONES CORPORATION

Gordon C. Philbrook

Environmental Control Coordinator

GCP:pm

### ATTACHMENT A

There may be rain runoff discharges possibly subject to NPDES requirements. The extent to which such storm water discharges should be subject to permitting requirements is presently under discussion with EPA.

#### ATTACHMENT B

#### MICHIGAN AIR PERMITS

210-75

211-75

441-75

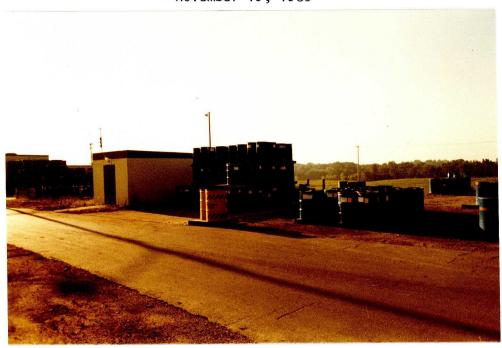
375-76

957-79

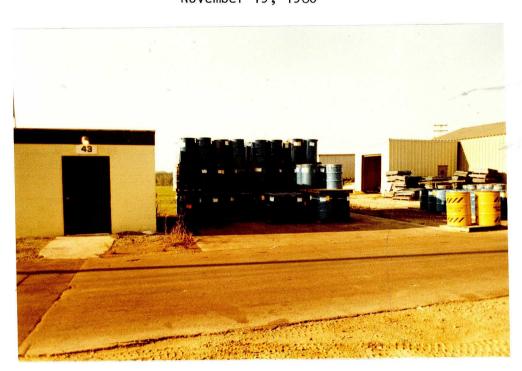
144

#### SWS SILICONES CORPORATION

COVERED WASTE DRUM STORAGE
November 19, 1980



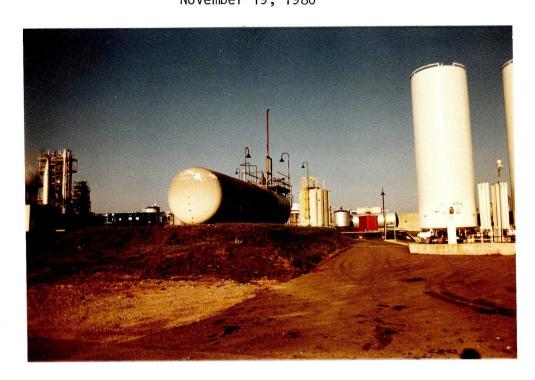
COVERED WASTE DRUM STORAGE November 19, 1980



14/1

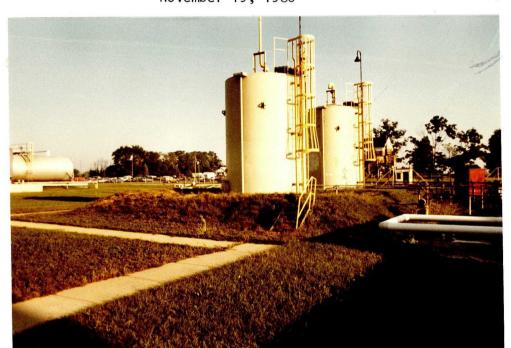
#### SWS SILICONES CORPORATION

# COVERED WASTE TANK T-101 November 19, 1980



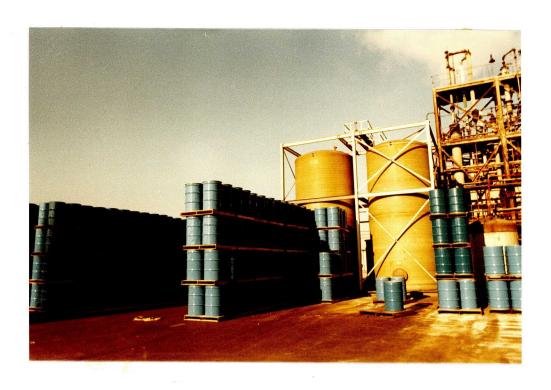
COVERED WASTE TANKS T-105, T-108

November 19, 1980

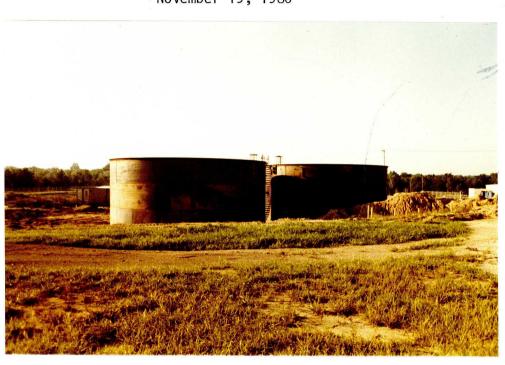


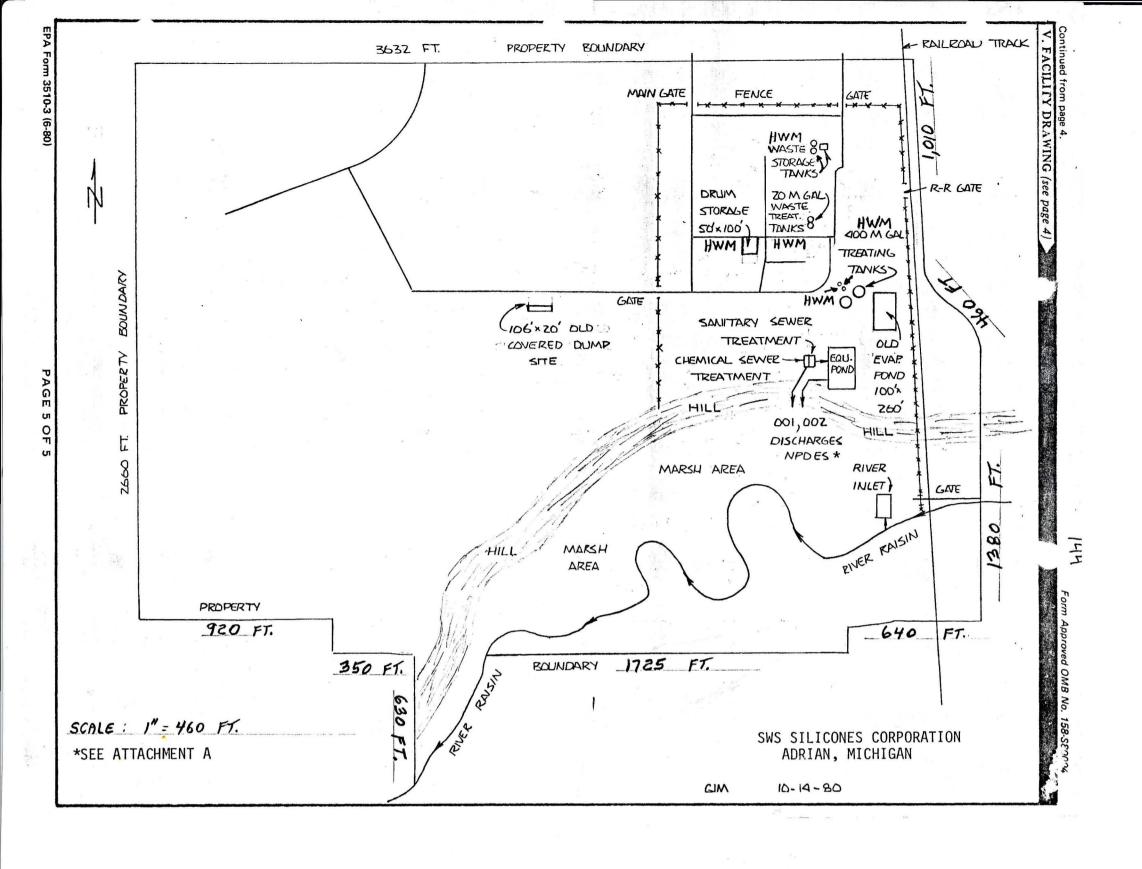
144

# COVERED WASTE TREATING TANKS, T-418, T-419 November 19, 1980



COVERED WASTE TREATING TANKS, T-126A, T-126B November 19, 1980





# **SWS Silicones Corporation**

ADRIAN, MICHIGAN 49221 • TELEPHONE (517) 263-5711

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Addendum

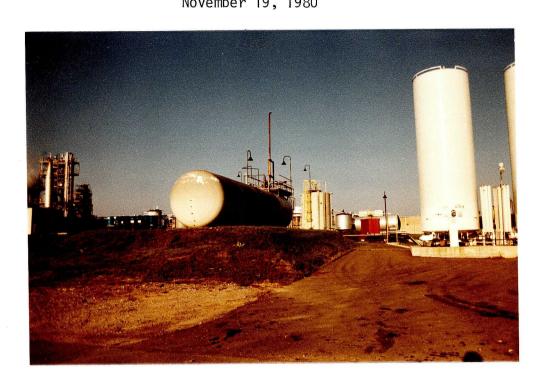
### V. Ownership

Also partially owned by Wacker Chemical Company, Portland, Oregon.

AUG1 21980

### COVERED WASTE TANK T-101 November 19, 1980

SWS SILICONES CORPORATION



COVERED WASTE TANKS T-105, T-108

November 19, 1980

